

## **Unannounced Care Inspection**

**Name of Establishment:** Prospect Nursing Home

**RQIA Number:** 1388

**Date of Inspection:** 30 November 2014

**Inspector's Name:** Bridget Dougan

**Inspection ID:** IN018655

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 General Information**

|  |  |
|--|--|
| <b>Name of Establishment:</b>                                      | Prospect Nursing Home  |
| <b>Address:</b>  | 3 Old Galgorm Road<br>Ballymena<br>BT42 1AL                  |
| <b>Telephone Number:</b>   | 028 2564 5813  |
| <b>Email Address:</b>  | nursemanager@prospectnursinghome.co.uk                       |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Prospect Private Nursing Home Ltd<br>Mr Thomas Mark McMullan |
| <b>Registered Manager:</b>   | Mrs Elizabeth Jane Ross                                      |
| <b>Person in Charge of the Home at the<br/>Time of Inspection:</b> | Staff Nurse Malachy Darragh                                  |
| <b>Categories of Care:</b>   | NH-I ,NH-PH  |
| <b>Number of Registered Places:</b>                                | 52   |
| <b>Number of Patients Accommodated<br/>on Day of Inspection:</b>   | 52   |
| <b>Scale of Charges (per week):</b>                                | £609.00 to £668.00   |
| <b>Date and Type of Previous Inspection:</b>                       | 26 March 2014<br>Primary Announced                           |
| <b>Date and Time of Inspection:</b>                                | 30 November 2014: 13.00 – 16.30 hours                        |
| <b>Name of Inspector:</b>  | Bridget Dougan   |

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Nurse in Charge
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

|                        |           |
|------------------------|-----------|
| Patients/Residents     | <b>30</b> |
| Staff                  | <b>10</b> |
| Relatives              | <b>2</b>  |
| Visiting Professionals | <b>0</b>  |

Questionnaires were provided (by the inspector), during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

| <b>Issued To</b>          | <b>Number Issued</b> | <b>Number Returned</b> |
|---------------------------|----------------------|------------------------|
| Patients/Residents        | <b>2</b>             | <b>2</b>               |
| Relatives/Representatives | <b>2</b>             | <b>2</b>               |
| Staff                     | <b>8</b>             | <b>8</b>               |

## 6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance Statements</b> |  |  |
|---|--|--|
| <b>Compliance Statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>4 - Substantially compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report.    |

## **7.0 Profile of Service**

Prospect nursing home is a two storey building situated in a quiet residential area on the outskirts of Ballymena town. The home is surrounded by landscaped gardens and has ample car parking.

On entering the home, there is a large reception area which leads to the living and office accommodation. There are three separate dining areas, a number of lounges and private sitting areas, including a conservatory which overlooks the gardens and front entrance.

Bedroom accommodation is provided on both floors in forty-two single and five double bedrooms. En-suite facilities are provided in all but one bedroom. The first floor of the home is accessed by stairs and a passenger lift.

The home provides nursing care (NH) for a maximum of 52 patients in the following categories:

I - Old age not falling into any other category  
PH - Physical disablement under 65 years of age

Mrs Elizabeth Ross is the Registered Manager for the home.

## **8.0 Executive Summary**

The unannounced secondary inspection of Prospect Nursing Home was undertaken by Bridget Dougan on 30 November 2014 between 13.00 – 16.30 hours. The inspection was facilitated by Staff Nurse Malachy Darragh, nurse in charge who was available for verbal feedback at the conclusion of the inspection. Feedback was also provided to Mrs Elizabeth Jane Ross, Registered Manager by telephone following the inspection.

During the course of the inspection, the inspector met with patients, relatives and staff who commented positively on the care and services provided by the nursing home. No issues or concerns were raised with the inspector during this inspection.

As a result of the previous inspection conducted on 26 March 2014, two requirements and three recommendations were issued. These were reviewed during this inspection and evidence was available to confirm that all requirements and recommendations have been fully complied with. Details can be viewed in the section immediately following this summary.

## **Conclusion**

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The management of continence within the home was of a good standard and one requirement and two recommendations have been made in respect of the assessment of continence needs and the provision of guidance documents for staff. The inspector's overall assessment of the level of compliance in this area is recorded as 'moving towards compliance'.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, one requirement and two recommendations have been made following this inspection. These are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, relatives and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements   | Action Taken - As Confirmed During This Inspection   | Inspector's Validation of Compliance |
|-----|-----------------|--|--|--------------------------------------|
| 1   |                 | <p>It is required that the identified patient's care records are updated and further developed as discussed with the registered manager as follows;</p> <ul style="list-style-type: none"> <li>any method of restraint and/or restrictive practice must only be applied following consultation with the patient and/or patient's representative.</li> <li>care plans should be developed to ensure any form of restrictive practice is applied in accordance with best practice guidance.</li> <li>registered nurses must be aware of their responsibility to ensure that guidance and recommendations provided by other healthcare professionals are acted</li> </ul> | Review of a sample of four patients care records evidenced that this requirement has been fully complied with. | <b>Compliant</b>                     |



|   |  |  |  |                  |
|---|--|--|--|------------------|
|   |  | upon, with a record maintained to evidence same.   |  |                  |
| 2 |  | Where the Braden Scale pressure ulcer risk assessment shows a patient to be at 'high risk' of developing skin damage, a documented preventative pressure ulcer and treatment programme that meets the individual's needs and comfort must be put in place. | Following a review of care records the inspector can confirm that this that this requirement has been fully complied with. | <b>Compliant</b> |

| No. | Minimum Standard Ref. | Recommendations   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| 1   | 3.4                   | The home should provide the prospective patient with written confirmation that the home can accommodate the patient and meet their needs, with a copy retained in the patient's file. | Review of records and discussion with the registered manager following the inspection evidenced that this recommendation has been complied with.                      | <b>Compliant</b>                     |
| 2   | 25.13                 | It is recommended that an annual quality report is collated and made available to patients and their representatives.   | Discussion with the registered manager following the inspection confirmed that the annual quality report has been collated and is displayed in the foyer of the home. | <b>Compliant</b>                     |
| 3   | 5.3                   | It is recommended that repositioning and skin inspection charts evidence that the patient's skin condition and integrity has been regularly assessed.                                 | Review of a sample of four patients care records evidenced that this recommendation has been complied with.   | <b>Compliant</b>                     |

### **9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding potential safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

## 10.0 Inspection Findings

| <b>STANDARD 19 - CONTINENCE MANAGEMENT</b><br><b>Patients receive individual continence management and support</b>  |                         |
|---|-------------------------|
| <b>Criterion Assessed:</b><br>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br><p>Review of four patients' care records evidenced that bladder and bowel continence assessments were not undertaken for all patients. While continence care plans were in place for all patients, the type of continence products to be used had not been specified.</p> <p>A requirement has been made in accordance with Regulation 15 (2) (a) of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>There was evidence in four patients care records that continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. A recommendation has been made for fluid intake targets to be identified in care plans and fluid balance records for those patients assessed as being at risk of malnutrition/dehydration and those on restricted fluids.</p> <p>Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed generally addressed the patients assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p> | Substantially compliant |

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**COMPLIANCE LEVEL****Inspection Findings:**

The inspector can confirm that the following policies and procedures were in place;

- Continence management / incontinence management
- Stoma care.

It is recommended that a policy and procedure be developed on urinary catheterisation and catheter care.

The inspector can also confirm that the following guideline documents were in place:

- British Geriatrics Society Continence Care in Residential and Nursing Homes.

A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:

- RCN continence care guidelines
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence.

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Moving towards compliance

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

|   |                         |
|---|-------------------------|
| <b>Criterion Assessed:</b><br>19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br>Not applicable   |                         |
| <b>Criterion Assessed:</b><br>19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br>Discussion with the nurse in charge and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the nurse in charge revealed that all the female registered nurses in the home were deemed competent in female catheterisation and the male nurses were deemed competent in male catheterisation.<br><br>The inspector was informed that regular audits of the management of incontinence were included in care plan audits and the findings acted upon to enhance standards of care. | Compliant               |

|  |                                  |
|--|----------------------------------|
| <b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b> | <b>Moving towards compliance</b> |
|--|----------------------------------|

## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### **11.2 Patients and Relatives Comments**

During the inspection the inspector spoke with 30 patients individually and with the majority of others in smaller groups. Two patients completed questionnaires.

Patients spoken with and the questionnaire responses confirmed that patients were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home. The inspector also met with two relatives who also completed questionnaires. All relatives were very complimentary of the care and services provided.

Some comments received from patients and relatives:

- "This is the best home you can get."
- "The interior of the building is kept very clean and there is never any cooking smells."
- "I'm well settled here, you couldn't improve on anything."
- "This is a good facility. Efficient, friendly, conscientious staff."

### **11.3 Staffing/Staff Comments**

Review of a sample of staff duty rosters evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

The inspector met with 10 staff during the inspection and eight staff also completed questionnaires. Staff informed the inspector that they were provided with a variety of relevant training including mandatory training since the previous inspection. All staff were very satisfied with the level of care provided to patients. No issues or concerns were raised during the inspection. The following are examples of staff comments during the inspection and in questionnaires:

- "I enjoy coming to work each day. I feel the care provided in the home is excellent and I would recommend it to anyone including my family."
- "We are great team workers."
- "The holistic care in the home is very satisfactory."
- "Everyone goes the extra mile to take care of the residents."

## **11.4 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.



## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Staff Nurse Malachy Darragh, Nurse in Charge at the conclusion of the inspection and with Mrs Elizabeth Jane Ross, Registered Manager by telephone following the inspection, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bridget Dougan**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**

Appendix 1

| <b>Section A</b>  |                                 |
|---|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>   |                                 |
| <b>Criterion 5.1</b> <ul style="list-style-type: none"> <li>At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.</li> </ul> <b>Criterion 5.2</b> <ul style="list-style-type: none"> <li>A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.</li> </ul> <b>Criterion 8.1</b> <ul style="list-style-type: none"> <li>Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.</li> </ul> <b>Criterion 11.1</b> <ul style="list-style-type: none"> <li>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.</li> </ul> |                                 |
| <b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</b>   |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>   | <b>Section compliance level</b> |
| On admission to the home a Named Nurse is allocated and carries out the initial assessment within 24hrs of admission. Pre admission assessments and documentation from the care management team will be used. A care plan will then be developed from the assessments. Assessment tools include comprehensive activities of daily living assessment, Braden score, Community Nutritional Screening Tool, Bedrail assessment, Moving and Handling assessment, Falls Risk assessment, Dependency, Pain assessment, Continence assessment and Wound Care. Baseline observations, weight and urinalysis are also obtained on admission. Comprehensive holistic assessments of patients care needs are completed within 11 days.   | Compliant                       |

Nutritional screening is carried out on admission using the Community nutritional assessment tool for older people. A pre admission assessment is carried out for all admissions to the home. All nursing and medical records are included with the assessment. Braden score, pain assessment, falls risk assessment, nutritional scores and baseline observations including weight are documented at pre admission assessment if available.

## Section B

**Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

### Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

### Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

### Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

### Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

### Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

**Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16**

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section   | Section compliance level |
|--|--------------------------|
| <p>A care plan is devised by the named nurse based on risk assessments and information provided by the patients, their representatives, care management staff and other multidisciplinary team members. The care plan aims to promote and maintain the independence and rehabilitation of the patients.</p> <p>Referrals to Tissue Viability Nurse and Podiatry are made in a timely manner. Telephone advice and support is obtained and documented where necessary. All care is documented, recorded and reflected in the patient's plan of care.</p> <p>If patients are at risk of developing pressure ulcers, an individual care plan is developed. The Braden score is utilised to identify appropriate pressure relieving equipment and treatment which is then implemented and evaluated. Relevant referrals will be made in a timely manner to GP, Tissue Viability nurse and other multidisciplinary team members if necessary.</p> <p>The Community Nutritional Screening Tool issues guidance in relation to referral to community dietician. Staff utilise the specific referral form and the dietician responds with an individualised assessment and nutritional treatment plan. In urgent cases a telephone referral can be made. The nutritional treatment plan takes account of other multidisciplinary members such as speech and language therapy and is incorporated into the individualised care plans.</p> | Compliant                |
| Section C  |                          |
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.   |                          |
| <p><b>Criterion 5.4</b></p> <ul style="list-style-type: none"> <li>Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</b></p>  |                          |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section   | Section compliance level |
| Reassessment is an ongoing process; day and night staff record an evaluation of delivery of care, detailed progress  | Compliant                |

|   |                                 |
|---|---------------------------------|
| notes as necessary. Risk assessments and care plans are reviewed on a monthly basis or more frequently if necessary.  |                                 |
| <b>Section D</b>  |                                 |
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>   |                                 |
| <p><b>Criterion 5.5</b></p> <ul style="list-style-type: none"> <li>• All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</li> </ul> <p><b>Criterion 11.4</b></p> <ul style="list-style-type: none"> <li>• A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</li> </ul> <p><b>Criterion 8.4</b></p> <ul style="list-style-type: none"> <li>• There are up to date nutritional guidelines that are in use by staff on a daily basis.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</b></p> |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>   | <b>Section compliance level</b> |
| <p>Assessment tools used are validated and are supported by research evidence and guidance. Care plans are constructed by evidence based policies and procedures and best practice guidelines.</p> <p>Pressure ulcers are graded using the Braden score and wounds are recorded, assessed and evaluated on Open Wound assessment charts. Treatment plans are recorded, implemented and evaluated. Up to date nutritional guidelines are available for staff to utilise.</p>   | Compliant                       |

| <b>Section E</b>   |                                 |
|--|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <p><b>Criterion 5.6</b></p> <ul style="list-style-type: none"> <li>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</li> </ul> <p><b>Criterion 12.11</b></p> <ul style="list-style-type: none"> <li>A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</li> </ul> <p><b>Criterion 12.12</b></p> <ul style="list-style-type: none"> <li>Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.<br/>Where a patient is eating excessively, a similar record is kept.<br/>All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 19(1) (a) schedule 3 (3) (k) and 25</b></p> |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>  | <b>Section compliance level</b> |
| <p>Nursing records are maintained within NMC guidelines and detail nursing interventions, activities and procedures. Records are kept of the meals provided which enables any person to judge whether the diet is satisfactory. When a patient's care plan requires, or when a patient is unable, chooses not to eat a meal or is eating excessively, a full record of all food and drinks consumed is kept. All such occurrences are discussed with the patient if appropriate and the nurse in charge. Referrals to the appropriate multidisciplinary team member are made and records of action kept and incorporated into the individualised care plan.</p>  | Compliant                       |

| <b>Section F</b>   |                                 |
|--|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <b>Criterion 5.7</b> <ul style="list-style-type: none"> <li>The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</b></p>  |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>  | <b>Section compliance level</b> |
| Outcomes of care are reassessed on a daily basis or more frequently if required. Care plans are evaluated on a monthly basis or more frequently as deemed appropriate. Formal care reviews are carried out annually or more frequently if required.  | Compliant                       |
| <b>Section G</b>   |                                 |
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <b>Criterion 5.8</b> <ul style="list-style-type: none"> <li>Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.</li> </ul> <b>Criterion 5.9</b> <ul style="list-style-type: none"> <li>The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</b></p> |                                 |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section  | Section compliance level |
|---|--------------------------|
| <p>Where appropriate, patients and their representatives are encouraged and facilitated to participate in formal multidisciplinary team review meetings within the home. An opportunity is offered for the patient and their representatives to comment on all aspects of care and care is discussed, reviewed and recorded.</p> <p>Formal reviews in the majority of cases are carried out within 6-8 weeks of admission and annually thereafter.</p> <p>The patient's daily notes will make reference to any review meeting and outcomes. Changes to the plan of care will be implemented and amended in the appropriate risk assessment and/or care plan. The home will receive a documented copy of the review outcomes at the time of the review. Written records/minutes will be forwarded to the home and the patient's representatives.</p> | Compliant                |
| Section H   |                          |
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.  |                          |
| <p><b>Criterion 12.1</b></p> <ul style="list-style-type: none"> <li>Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.<br/>Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.</li> </ul> <p><b>Criterion 12.3</b></p> <ul style="list-style-type: none"> <li>The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.<br/>A choice is also offered to those on therapeutic or specific diets.</li> </ul> <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</p>   |                          |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section  | Section compliance level |



|   |                                 |
|---|---------------------------------|
| The home provides a 4 weekly rotating menu which has been developed using relevant guidance documentation and advice from dieticians and other professionals such as speech and language therapists. Each day, 2 choices of main meal and tea are provided based on the information gathered on admission and subsequent communications with patients. Further choices for meals are provided to facilitate individual preference.  | Compliant                       |
| <b>Section I</b>  |                                 |
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>   |                                 |
| <p><b>Criterion 8.6</b></p> <ul style="list-style-type: none"> <li>Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.</li> </ul> <p><b>Criterion 12.5</b></p> <ul style="list-style-type: none"> <li>Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</li> </ul> <p><b>Criterion 12.10</b></p> <ul style="list-style-type: none"> <li>Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:             <ul style="list-style-type: none"> <li>risks when patients are eating and drinking are managed</li> <li>required assistance is provided</li> <li>necessary aids and equipment are available for use.</li> </ul> </li> </ul> <p><b>Criterion 11.7</b></p> <ul style="list-style-type: none"> <li>Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</b></p> |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>   | <b>Section compliance level</b> |
| Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties. Regular information and training is provided in specific cases, the speech and language therapist provides  | Compliant                       |

individual treatment plans and advice for individual patients with swallowing difficulties, and these are incorporated into individual care plans.

Meals are served at appropriate intervals throughout the day, a choice of hot and cold drinks and snacks which meet individual dietary requirements and choice are provided mid morning, mid afternoon and at supper time. Fresh drinking water and juice is available in lounges and individual bedrooms and refreshed at regular intervals.

Good communication exists between care staff and catering staff. Any matters concerning patients eating and drinking is detailed in his/her care plan and catering staff informed. Sufficient staff are present at mealtimes to manage risks which may occur and provide assistance with eating and drinking. Necessary aids and equipment is available.

Training, guidance and support is provided by Tissue Viability staff. Some staff have completed update training in wound assessment, management and application of wound care products and dressings. Further training is planned for September 2014.

**PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5**

**COMPLIANCE LEVEL**

Compliant

**Appendix 2**

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

| <b>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</b>   | <b>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</b> |
|---|---|
| <ul style="list-style-type: none"> <li>• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally)</li> <li>• Checking with people to see how they are and if they need anything</li> <li>• Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task</li> <li>• Offering choice and actively seeking engagement and participation with patients</li> <li>• Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used were appropriate</li> <li>• Smiling, laughing together, personal touch and empathy</li> <li>• Offering more food/ asking if finished, going the extra mile</li> <li>• Taking an interest in the older patient as a person, rather than just another admission</li> <li>• Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away</li> <li>• Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others</li> </ul> | <p>Examples include:<br/>Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>  |

| <b>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</b>  | <b>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</b>  |
|---|--|
| <p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Putting plate down without verbal or non-verbal contact</li> <li>• Undirected greeting or comments to the room in general</li> <li>• Makes someone feel ill at ease and uncomfortable</li> <li>• Lacks caring or empathy but not necessarily overtly rude</li> <li>• Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact</li> <li>• Telling someone what is going to happen without offering choice or the opportunity to ask questions</li> <li>• Not showing interest in what the patient or visitor is saying</li> </ul> | <p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Ignoring, undermining, use of childlike language, talking over an older person during conversations</li> <li>• Being told to wait for attention without explanation or comfort</li> <li>• Told to do something without discussion, explanation or help offered</li> <li>• Being told can’t have something without good reason/ explanation</li> <li>• Treating an older person in a childlike or disapproving way</li> <li>• Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’)</li> <li>• Seeking choice but then ignoring or over ruling it</li> <li>• Being angry with or scolding older patients</li> <li>• Being rude and unfriendly</li> <li>• Bedside hand over not including the patient</li> </ul> |

## References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol \*pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Prospect Nursing Home

#### 30 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Elizabeth Jane Ross, Registered Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005**

| <b>No.</b> | <b>Regulation Reference</b> | <b>Requirement</b>  | <b>Number Of Times Stated</b> | <b>Details Of Action Taken By Registered Person(S)</b>   | <b>Timescale</b>                 |
|------------|-----------------------------|---|-------------------------------|--|----------------------------------|
| 1          | 15 (2) (a)                  | <p>The registered manager should ensure that bladder and bowel continence assessments have been undertaken for all patients. The outcome of these assessments, including the type of continence products to be used, should be incorporated into the patients' care plans on continence care.</p> <p>Assessment of the patients' needs should be kept under review and revised at any time when it is necessary to do so having regard to any changes in the patients' condition.</p> <p><b>Reference: Section 10; Criterion 19.1</b></p> | One                           | Records have been updated to ensure all patients have appropriate bladder and bowel continence assessments. The outcomes are incorporated in to the patients care plans where appropriate. | From the date of this inspection |

**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations  | Number Of Times Stated | Details Of Action Taken By Registered Person(S)  | Timescale   |
|-----|----------------------------|--|------------------------|--|---|
| 1   | 12.1                       | <p>It is recommended that the registered manager ensures that a fluid intake target is established for those patients assessed as being at risk, based on their individual needs and in accordance with best practice guidelines.</p> <p>Corresponding fluid intake charts and care plans should reflect individualised patient need and ensure the following:</p> <ul style="list-style-type: none"> <li>• the total fluid intake for the patient over 24 hours</li> <li>• an effective reconciliation of the total fluid intake against the fluid target established</li> <li>• action to be taken if targets are not achieved</li> <li>• a record of reconciliation of fluid intake in the daily progress notes.</li> </ul> <p><b>Reference: Section 10; Criterion 19.1</b></p> | One                    | Fluid intake targets established for patients at risk and incorporated into patient care plans and progress notes. Charts and care plans reflect individual needs in relation to fluid intake. | From the date of this inspection                  |
| 2   | 19.2                       | It is recommended that a policy and procedure be developed on urinary catheterisation and catheter care.   | One                    | The policy and procedure for urinary catheterisation and catheter care reviewed and updated. Guidelines in relation  | Within one month from the date of this inspection |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | <p>The following guidelines should also be readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> <li>• RCN continence care guidelines</li> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul> <p><b>Reference: Section 10; Criterion 19.2</b></p> |  | to continence now available for staff. |  |
|--|--|---|--|--|--|



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

|   |                  |
|---|------------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | Mrs Liz Ross     |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Mr Mark McMullan |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  | Yes        | Bridget Dougan   | 03/02/15    |
| Further information requested from provider                   |            |                  |             |